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000530 7590 10/01/2004

LERNER, DAVID, LITTENBERG,
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12/03/2004 ADDRESS 00000065 121095 09899448

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/899,448	07/05/2001	Patrick J. Treacy	ST-004	4093

TITLE OF INVENTION: PELVIC PROSTHESIS PLUS METHODS AND TOOLS FOR IMPLANTATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLANCO, JAVIER G	3738	623-022120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

LERNER, DAVID, LITTENBERG,

2 KRUMHOLZ & MENTLIK, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Howmedica Ostenics Corp.

Mahwah, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 14

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 12/3/04

Typed or printed name

Arnold H. Krumholz

Registration No. 25,428

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FACSIMILE TRANSMISSION**ISSUE FEE TRANSMITTAL
AND PUBLICATION FEE****ATTORNEY DOCKET NO.: OSTEONICS 3.0-417****APPLICATION NO.: 09/899,448****CONFIRMATION NO.: 4093****MAILING DATE OF NOTICE OF ALLOWANCE: October 1, 2004****FAX NUMBER: (703) 746-4000****PAGES INCLUDING COVER SHEET: 2****PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (808) 654-7866.****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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